



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH

City of Hospital: Fort Wayne

Year Begin: 01/01/2020 (mm/dd/yyyy format)

Year End: 12/31/2020 (mm/dd/yyyy format)

Person Completing the Report: Ken Garmenn

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Medicare Provider Number: 150167

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$149147124
Outpatient Patient Service Revenue	\$270026190
Total Gross Patient Service Revenue	\$419173314

2. Deductions From Revenue

Contractual Allowance	\$282008677
Other Deductions	\$831274
Total Deductions	\$282839951

3. Total Operating Revenue

Net Patient Service Revenue	\$136333363
Other Operating Revenue	\$5937295
Total Operating Revenue	\$142270658

4. Operating Expenses

Salaries and Wages	\$12824192	Employee Benefits	\$4025931
Depreciation and Amortization	\$2283389	Interest Expense	\$4841
Bad Debt	\$1852851	Other Expenses	\$51689580
Total Operating Expenses	\$72680784		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$69589874	Total Assets	\$81924181
Net Non-operating Gains over Loss	\$-2348101	Total Liabilities	\$25913805

Total Net Gains	\$67241773
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$200974296	\$169923439	\$31050857
Medicaid	\$37556327	\$30827961	\$6728366
Other Government	\$16639705	\$13839503	\$2800202
Other State	\$0	\$0	\$0
Other Payers	\$164002986	\$68249048	\$95753938
Total	\$419173314	\$282839951	\$136333363

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$831274
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$140271	
HCI Payments	\$0		
Subtotal	\$0	\$140271	\$-140271
Medicaid Shortfalls	\$6728366	\$8275427	
Subtotal	\$6728366	\$8415698	\$-1687332
DSH Payments	\$0		
Subtotal	\$6728366	\$8415698	\$-1687332
Medicare Shortfalls	\$31050857	\$33912805	
Other Government Programs	\$0	\$0	
Total	\$37779223	\$42328503	\$-4549280

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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